

RBHA Selection Procedure for Data Validation Ride-Along

The RBHAs are responsible for establishing the sample size, randomly selecting the medical records to be reviewed, and notifying the provider of the upcoming data validation study. Sample size should be reflective of the number of encounters submitted by the provider during the review quarter.

For example, if a provider only submitted 10 encounters during the quarter all 10 should be reviewed. However, if the provider submitted 1,000 encounters the RBHA should review a percentage that would reflect a reasonable sample. The Data Validation Representative for the RBHA will review all services in the medical record for the review quarter, not just the services identified on the Data validation Procedure Code Review Schedule.

Place of Service Added

Effective immediately, the CPT code 75959 (Placement of distal extension prosthesis(s) (delayed)) can be reported at POS 21 (Inpatient Hospital) with dates of service on or after January 1, 2006.

A New Face in Maricopa

At midnight on September 1, 2007, Magellan Health Services became the new Regional Behavioral Health Authority for Maricopa County (GSA 06). Throughout the implementation process, many of us at ADHS had the pleasure of working very closely with Magellan. There were many long days and nights, but Magellan went live without a hitch.

The Office of Program Support would like to congratulate Magellan on a successful implementation and would like everyone to welcome Magellan Health Services to Maricopa County and the State of Arizona!

Coding Q & A

Q

Can a "59" modifier be added to CPT or HCPCS codes for hydration, infusion and injection services (collectively referred to as "IV codes") to obtain separate and additional reimbursements when those services are provided in the hospital emergency department?

A

No. according to the AMA CPT Manual, the levels of Evaluation and Management (E/M) services encompass wide variations, in skill, effort, time, responsibility, and medical knowledge required for the prevention or diagnosis and treatment of illness or injury and promotion of optimal health. The National Correct Coding Initiative (NCCI) code pairs identify those services that are generally considered to be "bundled" into the E/M codes, including IV codes. Furthermore, CMS defines the IV codes as "incident to" codes, which identifies services included as part of the underlying physician service.

In rare situations, services described by one of the IV codes may be claimed with a "59" modifier. One possible scenario is if the Emergency Department physician evaluates and/or treats a patient and the patient is discharged from the Emergency Department. Later the same day the patient returns and, without charging another Emergency Department E/M visit code, the physician orders an IV infusion for hydration. Under that scenario, the hydration service was provided at a different patient encounter than the original E/M services and may be identified with the "59" modifier. However, if the Emergency Department physician claims an E/M service for the second visit, the hydration therapy would be bundled into that second E/M code.



!! Edit Alerts !!

An Edit Alert is a faxed and/or e-mailed notice of system enhancements or changes. The Office of Program Support strives to ensure all Edit alerts are communicated to all program participants in an accurate and reliable manner. Edit alerts will be distributed when the information is first made available and again in the following monthly publication of Tidbits.

New/Changed Edit Alert

Tracking Number: 68

Implemented: ☒

Reference Title Same Day Admit Discharge - IMPLEMENTED

Notification Date: August 9, 2007

Expected Implementation Date: August 9, 2007

ADHS will provide 90 days notice when possible

Change Description: DBHS has initiated SSR #2133 requesting CIS pre-processor edit N110 (Unit of service accommodation days not valid for date of service span) be modified to accept UB92 inpatient encounters with the same Start and End Date, where the accommodation day revenue code is billed as non-covered charges, and the ancillary charges are billed as 'Net Paid' or 'Special Net Value'.

AHCCCS currently accepts this encounter scenario; therefore CIS will be enhanced to accept this scenario as well.

Per SSR#2133 the CIS pre-processor edit N110 has been changed to accept UB92 inpatient encounters that have the same start and end date, where the accommodation day revenue code is billed as non-covered charges, and the ancillary charger are billed as "Net Paid" or "Special Net Value".

New/Changed Edit Alert

Tracking Number: 73

Implemented: ☐

Reference Title Limit CRS Medicare Pharmacy Claims sent to AHCCCS - UPDATE

Notification Date: August 17, 2007

Expected Implementation Date: September 1, 2007

ADHS will provide 90 days notice when possible

Change Description: The Office of Program Support (OPS) has requested a modification to the CRS system (SSR 73) regarding pharmacy encounters. Per SSR 2182, the CRS system will check for specific therapeutic drug classes and only send to AHCCCS Medicare pharmacy encounters that belong to the following allowable drug classes:

280892 Analgesics and Antipyretics, Misc
281204 Barbiturates
281208 Benzodiazepines
282400 Anxiolytics, Sedatives, and Hypnotics
282404 Barbiturates (Anxiolytic, Sedative/hyp)
282408 Benzodiazepines (Anxiolytic, Sedativ/Hyp
282492 Anxiolytics, Sedatives & Hypnotics, Misc
880000 Vitamins
880400 Vitamin A
880800 Vitamin B Complex
882000 Vitamin E

Per SSR# 2128, the CRS system will check for specific therapeutic drug classes and only send to AHCCCS the Medicare pharmacy encounters that belong to the listed allowable drug classes.

New/Changed Edit Alert

Revised Edit Alert 69 "Demographics Axis III field-change"

Need	Capture predefined information on behavioral health recipients' medical conditions.
Background	Beginning 9/01/07 the Demographics data set Axis III fields (52-56) will be modified to accept both the 01 thru 16 and 20 thru 55 value sets. The end date for values 01-16 has been extended to 9/30/07. This limited 20 thru 55 set provides ADHS the ability to identify whether the behavioral health recipient reports as having any of thirty-six (36) AHCCCS-specified diagnoses for which coordination of care should be provided. In addition, the Coordination of Care performance measure and other potential analysis will be extrapolated through examination of this expanded set of data. Beginning 10/01/07 values 56 (Deaf/Hard of Hearing) and 57 (Blind) will be added to the list of allowable values.
Valid Values	The Axis III Valid Values table below list both current and new (proposed) values. Values 01 thru 16 are the existing values, values 20 thru 55 identify the thirty-six new AHCCCS-specified diagnoses, and values 56 thru 57 are recent proposed additions.
Proposed Change	Update H74_REF_AXIS_III table as follows: <ul style="list-style-type: none"> Change end date of values (01-16) to 9/30/07 Add values 56 (Deaf/Hard of Hearing) and 57 (Blind) with 10/01/07 start date
T/RBHA Impact	There is NO impact to the T/RBHA system with this change. No coding changes will be necessary as the system currently uses the Descriptive Characteristic Effective Date (field 29) to determine the validity of the value being provided and current edits as defined in the DUG will remain in place. Therefore, this change only requires a table modification and unit testing to verify dates and values are functioning correctly. Communication will be sent identifying the date parameters for all value. A tool designed to assist in the collection of these value has been provided to T/RBHA clinical representatives. Example: If the previous values end-date and the new values start date is July 8, 2007; then a demographic transaction with a Descriptive Characteristic Effective Date of... <ul style="list-style-type: none"> 7/1/07 or earlier will accept only the previous values 7/8/07 will accept both the previous and new values 7/9/07 and greater will accept only the new values
Axis III Valid Values	Appendix A (page 6)

New/Changed Edit Alert

Tracking Number: 74

Implemented: ☒

Reference Title CRS - Type of Service Edit - UPDATE

Notification Date: September 19, 2007

Expected Implementation Date: September 19, 2007
ADHS will provide 90 days notice when possible

Change Description: OPS has requested that the CRS edit that requires a "Type of Service" be turned off (SSR 2193.) The new CMS 1500 does not have a field to capture this information. (IMPLEMENTED 6/19/07)

The valid value edit will remain in place. (IMPLEMENTED 9/19/07)

SSR# 2193 has been put into affect. The CRS edit that requires a "Type of Service" field has been turned off.

New/Changed Edit Alert

Tracking Number: 88

Implemented: ☒

Reference Title Void submission limit change

Notification Date: September 21, 2007

Expected Implementation Date: September 21, 2007
ADHS will provide 90 days notice when possible

Change Description: Edits limiting encounter void submissions to a maximum of 7% per file will be turned off. Files containing more than 7% voided encounters will no longer be rejected. (SSR 2319)

BHS will continue to monitor void submission rates and RBHAs will be required to submit a written explanation to their RBHA reps when files containing more than 7% voided encounters are submitted.

The edit that limits the encounter void submission to a maximum of 7% per file has been turned off per SSR# 2319. BHS will continue to monitor the void submission rates and all RBHAs will be required to submit written explanations for files containing over the 7%.

New/Changed Edit Alert

Tracking Number: 91

Implemented: ☐

Reference Title CRS Place of Service Address

Notification Date: September 28, 2007

Expected Implementation Date: ASAP
ADHS will provide 90 days notice when possible

Change Description: Currently there is a level 2 (soft) edit in CRS stating that the, "Service address can not be a P. O. Box." With the implementation of the AHCCCS Validator, these encounters are being rejected when sent to AHCCCS. ADHS will be changing the CRS edit to level 1, to reject the encounters and not allow them into the CRS system.

Currently there is a level 2 (soft) edit in CRS for "Service address can not be a P.O.Box." ADHS is making this a level 1 edit that will now reject an encounter and not allow it into the CRS system if it doesn't pass this edit.

New/Changed Edit Alert

Tracking Number: 89

Implemented: ☐

Reference Title CRS Provider Registration Change

Notification Date: September 26, 2007

Expected Implementation Date: January 1, 2008
ADHS will provide 90 days notice when possible

Change Description: CRS provider registration will be eliminated effective January 1, 2008. Providers will be required to register directly with AHCCCS. ADHS will use data supplied by AHCCCS to verify provider registration.

Providers requiring a National Provider ID (NPI) will be required to use their NPI to bill CRS encounters. Providers not requiring a NPI will use their AHCCCS provider ID to bill encounters or may use their NPI if they elect to apply for one.

Encounters submitted after December 31, 2007 with a CRS provider ID will no longer be accepted.
Encounters submitted after December 31, 2007 with both a NPI and an AHCCCS provider ID will not be accepted.

CRS provider registration will be eliminated effective January 1, 2008. Providers will be required to register directly with AHCCCS. ADHS will use data supplied by AHCCCS to verify provider registration.

Providers requiring an NPI will be required to use it to bill CRS encounters. Providers not requiring an NPI will use their AHCCCS Provider ID to bill encounter or may use their NPI if they elected to apply for one.

Encounters submitted after December 31, 2007 with a CRS Provider ID will no longer be accepted.

Encounters submitted after December 31, 2007 with both a NPI and an AHCCCS provider ID will not be accepted.

New/Changed Edit Alert

Tracking Number: 90

Implemented: ☒

Reference Title NPI - Current CRS Requirements

Notification Date: September 28, 2007

Expected Implementation Date: NOW thru December 31, 2007
ADHS will provide 90 days notice when possible

Change Description: Providers requiring a National Provider ID (NPI) are required to use their NPI to bill CRS encounters. Additional CRS provider IDs, Tax IDs or SSNs may also be submitted on the encounter but only the NPI will be used for validation. Encounters for providers requiring an NPI will be validated against the AHCCCS NPI file.

Providers not requiring a NPI will continue to be required to use their CRS provider ID and their Federal Tax ID or SSN to bill encounters, or may use their NPI if they elect to apply for one.

Only until December 31, 2007, Providers requiring an NPI are required to use their NPI to bill CRS encounters. Additional CRS provider IDs, Tax IDs, or SSNs may also be submitted on the encounter but only the NPI will be validated against the AHCCCS NPI file.

The NPI is here. The NPI is now. NPES Data & New Data Dissemination Training Module Now Available!

The NPI Registry and the downloadable file are now available. To view the Registry, visit <https://npes.cms.hhs.gov/NPES/NPIRegistryHome.do> on the web. The downloadable file is available at http://npesdata.cms.hhs.gov/cms_NPI_files.html on the web.

Additionally, the final module in the NPI Training Package is now available. Module 4, Data Dissemination, is now available at http://www.cms.hhs.gov/NationalProvIdentStand/Downloads/NPI_Module4_Data_Dissemination.pdf on the CMS website. This module describes the policy by which CMS will make certain NPES data available, as well as the data CMS is disclosing.

As always, more information and education on the NPI can be found through the CMS NPI page www.cms.hhs.gov/NationalProvIdentStand on the CMS website.

CRS Encounter Production Schedule – Key Dates and Events

FTP Processing Activities Contractor Submission Deadlines:	Oct 2007	Nov 2007	Dec 2007	Jan 2008	Feb 2008	Mar 2008
1. Deadline for New Day Encounter File Submission to ADHS/CRSA - Monday at 12:00 P.M.	Fri 09/28/07 12:00 PM	Mon 11/05/07 12:00 PM	Mon 12/03/07 12:00 PM	Mon 12/31/07 12:00 PM	Mon 02/04/08 12:00 PM	Mon 03/03/08 12:00 PM
2. Deadline for corrected <u>Pend</u> Encounters	Fri 09/28/07 12:00 PM	Fri 11/02/07 12:00 PM	Fri 11/30/07 12:00 PM	Fri 12/28/07 12:00 PM	Fri 02/01/08 12:00 PM	Fri 02/29/08 12:00 PM
3. New Day & Corrected <u>Pends</u> due to AHCCCS (12 noon)	Thurs 10/04/07	Thurs 11/08/07	Thurs 12/06/07	Thurs 01/03/08	Thurs 02/07/08	Thurs 03/06/08
AHCCCS Processing						
Files available from AHCCCS (5pm)	Mon 10/15/07	Fri 11/16/07	Fri 12/14/07	Fri 01/11/08	Fri 02/15/08	Fri 03/14/08
Pended & Adjudicated Encounters Available to CRS Regional Contractors by 5:00 p.m.	Tues 10/16/07	Mon 11/19/07	Mon 12/17/07	Mon 01/14/08	Mon 02/18/08	Mon 03/17/08

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

BHS Encounter Production Schedule Key Dates and Events

FTP Processing Activities Contractor Submission Deadlines:	Oct 2007	Nov 2007	Dec 2007
Run H74603 New Day	09/24/07	10/26/07	11/28/07
Deadline for RBHA <u>pend</u> corrections to OPS	09/28/07	10/31/07	11/30/07
OPS submit RBHA <u>pend</u> correction & deletes to IT by 11 a.m.			
Run H74609 Create Pend correction file for AHCCCS	10/01/07	11/01/07	12/01/07
New Day & Corrected <u>Pends</u> due to AHCCCS (12 noon)	Thurs 10/04/07	Thurs 11/08/07	Thurs 12/06/07
AHCCCS Processing			
Files available from AHCCCS (5pm)	Mon 10/15/07	Fri 11/16/07	Fri 12/14/07
Receive AHCCCS notification			
Run H74614 Pend Reset			
Run H74607 Pend Load			
Run H74611 Adjudication			
Cycle Completed – Files available from BHS	Tues 10/16/07	Mon 11/19/07	Mon 12/17/07

Note: Any date change on the part of AHCCCS will result in a ADHS date change.

DES Contact Number

For any changes in member enrollment (i.e. name changes, demographic changes, etc.)

DES Communications Center

Maricopa County: (602) 542-9935
Statewide: 1-800-352-8401

Security IDs for All BHS Secure Systems



Any person, needing access to the PMMIS system, must submit the required paperwork and use the individual ID assigned from AHCCCS Data Security during the registration process. Under no circumstance should there be any 'sharing' of user names and/or passwords. Currently there is no limit (within reason) on the number of users available to the T/RBHAs; individual providers are not authorized access to PMMIS through the Division.

The Office of Program Integrity must authorize all requests for access to CIS, Office of Human Rights, Office of Grievance and Appeals, Issue Resolution System, and PMMIS (AHCCCS) databases. In order to obtain access to any of these databases, please fax or mail a copy of the appropriate User Access Request Form, User Affirmation Statement, or Confidentiality Agreement to Stacy Mobbs at (602) 364-4736.

If you have any questions, please contact Stacy Mobbs by telephone at (602) 364-4708 or by e-mail at mobbss@azdhs.gov.



Who Do I Call??

If you need assistance please contact your assigned T/RBHA Representative:

Eunice Argusta	Gila River Navajo Nation Pascua Yaqui	(602) 364-4526 arguste@azdhs.gov
Javier Higuera	CPSA 26 & 27 Tucson CRS	(602) 364-4715 higuera@azdhs.gov
Gary Szymanski	Magellan ValueOptions	(602) 364-4677 szymang@azdhs.gov
Renee Chavez	NARBHA	(602) 364-4734 chavezr@azdhs.gov
Jerri Gray	Cenpatico 02 & 22	(602) 364-1479 grayj@azdhs.gov
Kevin Gibson	Flagstaff CRS Yuma CRS	(602) 364-4727 gibsonk@azdhs.gov
Kayla Caisse	Phoenix CRS	(602) 364-4731 caissek@azdhs.gov

ADHS Encourages Electronic Claims

The Arizona Department of Health Services requests all CRS Sites and RBHAs to encourage their providers to submit claims electronically. The benefits of electronic claim submissions are:

- Faster claims processing
- More accurate claims entry
- Less expensive than manual data entry

Reporting Program Fraud and Abuse

If you need assistance or to report an incident of suspected Fraud, Waste, and/or Abuse, please contact us at:

Tim Stanley	Manager	(602) 364-4781	stanleti@azdhs.gov
Stacy Mobbs	Auditor	(602) 364-4708	mobbss@azdhs.gov
Sandra Reyes	Auditor	(602) 364-4426	reyess@azdhs.gov

If you wish to remain anonymous, you may make a report through our Fraud and Abuse Hotline at 602 364-3758 (locally) or 1 866 569-4927 (toll free) or email at ReportFraud@azdhs.gov.

If you prefer, you may write at:

Tim Stanley, Manager, Office of Program Integrity
Arizona Department of Health Services
Office of the Deputy Director
150 N. 18th Avenue, Suite 280
Phoenix, Arizona 85007

Appendix A:

Axis III Valid Values

Value	Definition	Start Date	End Date
00	Not Applicable		
01	Infectious and parasitic diseases		9/30/07
02	Neoplasm		9/30/07
03	Endocrine, nutritional, metabolic diseases and immunity disorders		9/30/07
04	Diseases of the blood and blood forming organs		9/30/07
05	Diseases of the nervous system and sensory organs		9/30/07
06	Diseases of the circulatory system		9/30/07
07	Diseases of the respiratory system		9/30/07
08	Diseases of the digestive system		9/30/07
09	Diseases of the genitourinary system		9/30/07
10	Complications of pregnancy, childbirth, puerperium		9/30/07
11	Diseases of the skin and subcutaneous tissues		9/30/07
12	Diseases of the musculoskeletal system and connective tissues		9/30/07
13	Congenital anomalies		9/30/07
14	Conditions originating in the prenatal period		9/30/07
15	Symptoms, signs, and ill-defined conditions		9/30/07
16	Injury or poisoning		9/30/07
20	Congestive Heart Failure	9/01/07	
21	Cardiac Arrhythmias	9/01/07	
22	Myocardial Infarction	9/01/07	
23	Cardiomyopathy	9/01/07	
24	Valvular Disease	9/01/07	
25	Cerebrovascular Disease	9/01/07	
26	Peripheral Vascular Disorders	9/01/07	
27	Atherosclerosis	9/01/07	
28	Hypertension	9/01/07	
29	Pulmonary Circulation Disorders	9/01/07	
30	Chronic Pulmonary Disease	9/01/07	
31	Paralysis	9/01/07	
32	Other Neurological Disorders	9/01/07	

33	Diabetes Mellitus	9/01/07	
34	Hypothyroidism	9/01/07	
35	Other Endocrine Disorders	9/01/07	
36	Fluid Electrolyte Disorders	9/01/07	
37	Obesity	9/01/07	
38	Weight Loss	9/01/07	
39	Renal Disease	9/01/07	
40	Renal Failure	9/01/07	
41	Liver Disease	9/01/07	
42	Inflammatory Bowel Disease	9/01/07	
43	Peptic Ulcer Disease	9/01/07	
44	Solid Tumor without Metastasis	9/01/07	
45	Lymphoma/Leukemia	9/01/07	
46	Metastatic Cancer	9/01/07	
47	AIDS/HIV	9/01/07	
52	Osteoarthritis	9/01/07	
53	Coagulopathy	9/01/07	
54	Rheumatological/Collagen Disease	9/01/07	
55	Anemia	9/01/07	
56	Deaf/Hard of Hearing	10/01/07	
57	Blind	10/01/07	